

**AFFIDAVIT**

STATE OF MASSACHUSETTS )  
ss.:  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn, depose and state:  
(Print Full Name)

I am employed by Philip Morris Incorporated as a \_\_\_\_\_  
(Title)

On \_\_\_\_\_, 1997 I purchased the following brand styles of Marlboro cigarettes in the quantities indicated from \_\_\_\_\_ and located  
(Name of Retailer)  
at \_\_\_\_\_, within the County of \_\_\_\_\_, at a total  
(Street Address of Retailer)  
cost of \$ \_\_\_\_\_.

**Marlboro Brand Style**  
(Check for each Purchased)

Marlboro Long Size (Box) \_\_\_\_\_  
Marlboro King Size (SP) \_\_\_\_\_  
Marlboro King Size (25/pack) \_\_\_\_\_  
Marlboro 100 (SP) \_\_\_\_\_  
Marlboro 100 (Box) \_\_\_\_\_  
Marlboro Menthol King Size (SP) \_\_\_\_\_  
Marlboro Menthol King Size (Box) \_\_\_\_\_  
Marlboro Medium King Size (SP) \_\_\_\_\_  
Marlboro Medium King Size (Box) \_\_\_\_\_  
Marlboro Medium 100 (SP) \_\_\_\_\_  
Marlboro Medium 100 (Box) \_\_\_\_\_  
Marlboro Lights King Size (SP) \_\_\_\_\_  
Marlboro Lights King Size (25/pack) \_\_\_\_\_  
Marlboro Lights King Size (Box) \_\_\_\_\_  
Marlboro Lights 100 (SP) \_\_\_\_\_  
Marlboro Lights 100 (Box) \_\_\_\_\_  
Marlboro Lights Menthol King Size (SP) \_\_\_\_\_  
Marlboro Lights Menthol King Size (Box) \_\_\_\_\_  
Marlboro Lights Menthol 100 (SP) \_\_\_\_\_  
Marlboro Lights Menthol 100 (Box) \_\_\_\_\_

**Quantity of Packs Purchased**  
(Complete for each Purchased)

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PM3000376399

I submit this Affidavit for the benefit of the State of Massachusetts with the understanding that it will be relied upon to determine whether Philip Morris Incorporated has complied with the Massachusetts Regulation, "Cigarette and Smokeless Tobacco Products: Reports of Added Constituents and Nicotine Ratings".

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Date

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Signature

PM3000376400